Sale of banned medicines

†771. SHRIMATI SAVITA SHARDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that banned medicines are being sold in the country, even banned injection oxytoxin is being used in rural areas to exploit more milk from the animals;

(b) whether Government propose to take stringent action to stop the sale of banned medicines and use of banned injections; and

(c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA):

(a) Sale of oxytocin injection has not been prohibited in the country. The misuse of oxytocin injection has been reported in milching animals, particularly in buffaloes, at the time of milking, under the erroneous impression that it increases milk production. However, in order to check its misuse in milk animals it has been made mandatory to pack oxytocin injection in single unit blister packs only. Further oxytocin has been notified as a Schedule-H drug and can be sold against the prescription of registered medical/veterinary practitioner only Instructions have also been issued to all State Drug Controllers to regulate and monitor manufacture and distribution of oxytocin.

(b) and (c) Adequate provisions are available under the Drug and Cosmetics Act and the Rules made there under for the State licensing authorities to take action in cases of sale of any banned drugs or injections.

Implementation of health sector reforms

772. SHRI C. RAMACHANDRAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Planning Commission has observed in the Tenth Plan document that the contents and quality of the health sector reforms are sub-optimal and the pace of implementation is slow;

---

†Original notice of the question was received in Hindi.

(b) if so, the reasons therefor;

(c) whether Government are aware of the mis-match between the personnel and the infrastructure in the system;

(d) if so, the details thereof, State-wise;

(e) the manpower availability and requirement in the institutions providing primary healthcare; and

(f) the steps being contemplated to bridge the gap?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Yes, Sir.

(b) Various health sector reforms have been underway in the country since the last decade. The Centre has played an important role in this process and undertaken various policy initiatives aimed at improving resource availability and efficiency in the delivery of health services. Some of these initiatives, include *inter-alia,* the reorganisation and restructuring of the existing health care infrastructure at primary, secondary and tertiary care levels; horizontal integration of some of the vertical programmes including the formation of a single health and family welfare society at State and district levels; building up an effective system of disease surveillance; building up an efficient logistic system for supply of drugs, levying of user charges for health care services from people above the poverty line and involvement of the Panchayati Raj Institutions in the Planning and monitoring of programmes. The State Health Systems Project with the objective of providing quality health care services to people in the rural areas as also viable first referral mechanism is presently under implementation in seven States with World Bank assistance. Certain other States are also proposed to be taken up in a phased manner. However, health is a State subject. Substantial differences across States have contributed to the varied pace of reforms resulting in some States progressing far ahead in comparison to others.

(c) to (e) Details showing shortfall in rural health infrastructure and vacancy position of the health care personnel are enclosed as Statement I and II. *(See* below)

(f) The Government has been making every effort to augment the resources for health sector by mobilising external assistance from various bilateral and multilateral agencies for supporting various National Health Programms for control of major diseases. Health infrastructure in certain States is also being upgraded with World Bank assistance. Provision for contractual appointment of various categories of manpower at PHCs and CHCs is also available. The 10th Plan Outlay for Central Health Sector has been fixed at Rs. 9253 crore compared to Rs. 5118 crore during the Ninth Plan.

The National Health Policy, 2002 envisages increasing the public health expenditure from the present level of about 0.9% to 2% of GDP by the year 2010. Further, it envisages increasing the Central Government's contribution from the existing 15% to 25% of the total public health spending by the year 2010. Also, it is proposed to increase State sector health spending from 5.5% to 7% and 8% of the budget by 2005 and 2010 respectively.

Statement-I

Shortfall in Rural Health Infrastructure as per 1991 Population

As on 31.3.2001

Sl. No.	State/UT	SUB CENTRES			PHCs			CHCs		
		R	P	S	R	P	S	R	P	S
1	2	3	4	5	6	7	8	9	10	11
1.	Andhra Pradesh	10242	10568	*	1707	1386	321	427	219	208
2..	Arunachal Pradesh	220	273	*	37	65	*	9	20	*
3.	Assam	4356	5109	*	726	610	116	181	100	81
4.	Bihar	11547	10332	1215	1961	1642	319	490	87	403
5..	Chhattisgarh	4692	3818	874	704	545	159	476	150	26
6.	Goa	138	172	*	23	19	4	6	5	1
7.	Gujarat	6168	7274	*	1028	1044	*	257	253	4
8.	Haryana	2482	2299	183	414	402	12	103	64	39
9.	Himachal Pradesh	973	2069	*	162	302	*	40	65	*
10.	Jammu &	1176	1700	*	196	337	*	49	53	*
11.	Jharkhand	4278	4462	*	676	561	115	169	47	122

1 2	3	4	5	6	7	8	9	10	11
12. Karnataka	6431	8143	*	1072	1676	*	268	249	19
13. Kerala	4825	5094	*	721	944	*	180	105	75
14. Madhya Pradesh	7430	8835	*	1316	1193	123	329	229	100
15. Maharashtra	10533	9725	808	1756	1768	*	439	351	88
16. Manipur	344	420	*	57	69	*	14	16	*
17. Meghalaya	464	413	51	77	85	*	19	13	6
18. Mizoram	122	346	*	20	58	*	5	9	*
19. Nagaland	325	302	23	54	46	8	14	9	5
20. Orissa	6374	5927	447	1062	1352	*	265	157	108
21. Punjab	2858	2852	6	476	484	*	119	105	14
22. Rajasthan	7484	9926	*	1247	1674	*	312	263	49
23. Sikkim	85	147	*	14	24	*	4	2	2
24. Tamil Nadu	7424	8682	*	1237	1436	*	309	72	237
25. Tripura	579	539	40	96	58	38	24	11	13
26. Uttaranchal	1764	1609	155	265	257	8	66	30	36
27. Uttar Pradesh	20573	18576	1997	3458	3551	*	865	280	585
28. West Bengal	10356	8126	2230	1726	1262	464	431	99	332'
29. A & N Islands	45	100	*	7	18	*	2	4	*
30. Chandigarh	13	13	0	2	0	2	1	1	0
31. D & N Haveli	40	36	4	7	6	1	2	1	1
32. Daman & Diu	12	21	*	2	3	»	1	1	0
33. Delhi	190	42	148	32	8	24	8	0	8
34. Lakshadweep	7	14	*	1	4	*	0	3	*
35. Pondicherry	58	80	*	10	39	*	3	4	*
ALL INDIA	134108	138044	8181	22349	22928	1714	5887	3077	2562

Figures are provisional. *Surplus Infrastructure.

R: Required. S: Shortfall. P: In Position

Figures for EAG states are given by the states in 3rd Business session held by Bureau of EAG on 29th of Aug. 2002.

Source: Rural Health Statistics in India — March-2002

Statement-II

Vacancy Position at a Glance

No. of vacancies as on 31-03-2001

SI. No.	State/UT	ANM	MPW [M]	HA[F]/ LHV	HA[M]	MO [PHC]	Specia-lists	Pharma-cists
1	2	3	4	5	6	7	8	9
1.	Andhra Pradesh	561	1106	107	50	400	168	150
2.	Arunachal Pradesh	0	0	0	0	0	3	0
3.	Assam	0	318	146	0	0	0	0
4.	Bihar #	2500	0	335	NA	0	NA	0
5.	Chhattisgarh	—	—	—	—	—	—	—
6.	Goa	15	16	1	0	8	4	2
7.	Gujarat	386	1779	376	610	23	170	324
8.	Haryana	395	498	357	52	0	231	121
9.	Himachal Pradesh	136	363	3	74	28	7	20
10.	Jammu & Kashmir	315	4	NA	0	0	12	0
11.	Jharkhand	—	—	—	—	—	—	—
12.	Karnataka	1366	2326	201	532	242	113	1125
13.	Kerala	157	248	80	26	108	6	45
14.	Madhya Pradesh#	2348	525	602	111	291	385	**
15.	Maharashtra	879	1877	162	503	281	120	223
16.	Manipur	0	0	0	0	0	21	0
17.	Meghalaya	2	0	0	19	10	0	40
18.	Mizoram	3	31	11	11	9	0	2
19.	Nagaland	76	0	0	0	0	12	0
20.	Orissa	60	291	25	8	285	272	87
21.	Punjab	0	330	70	40	60	0	38
22.	Rajasthan	480	927	40	224	102	199	20
23.	Sikkim	**	0	0	0	7	17	0
24.	Tamil Nadu	49	1549	199	651	251	0	60
25.	Tripura	8	48	**	74	41	0	**
26.	Uttaranchal	—	—	—	—	—	—	—
27.	Uttar Pradesh#	1016	1365	473	650	1524	575	0
28.	West Bengal	0	88	65	0	294	177	207
29.	A & N Islands	0	0	0	0	1	0	0
30.	Chandigarh	0	0	**	0	0	0	0
31.	D & N Haveli	0	0	0	0	0	0	4
32.	Daman & Diu	0	0	0	0	0	0	0

#: Figures prior to reorganisation of States.

1	2	3	4	5	6	7	8	9
33	Delhi	13	8	4	7	0	1	1
34	Lakshadweep	0	0	0	0	0	0	0
35	Pondicherry	0	0	0	0	0	0	0
	ALL INDIA	10765	13697	3257	3642	3965	2493	2469

Source: Rural Health Statistics in India — March-2002

Review of AIDS control programme

773. SHRI ABANI ROY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have recently found gaps in implementation of the programme to control AIDS;

(b) if so, the details thereof;

(c) whether a new three pronged strategy has been announced by Government to control AIDS;

(d) if so, the details thereof; and

(e) the role of NGOs in controlling AIDS in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) No, Sir.

(b) Does not arise.

(c) No, Sir.

(d) Does not arise.

(e) National AIDS Control Programme envisages NGOs as critical partners for operationalising targeted interventions among high-risk groups, disseminating the School AIDS Education programme, delivering counselling services, in providing care and outreach services for people living with HIV/AIDS, and in general, in evoking a community response to HIV.